

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

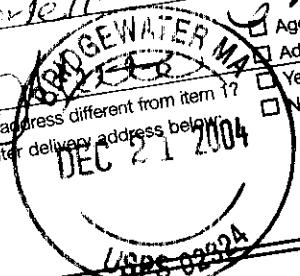
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. McKell

B. Date of Delivery 12/21/04

C. Signature x B. McKell

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below



Robert F. Murphy, Jr., Superintendent
 Massachusetts Treatment Center
 30 Administration Road
 Bridgewater, MA 02324

- Service Type
- ☒ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☐ C.O.D.

Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number (Copy)

7003 3110 0006 0588 6569

Domestic Return Receipt

102595-00-M-0952

UNITED STATES POSTAL SERVICE

First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

SCANNED

• Sender: Please print your name, address, and ZIP+4 in this box •

DATE: _____

BY: _____

United States District Court
Office of the Clerk
United States Courthouse
1 Courthouse Way, Suite 2300
Boston, MA 02210

04-12641-220

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